

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2002 8:00 am
Secretary of State

07-31-2002 90107 022 ***150.00

DOCUMENT # P00000036726

1. Entity Name
GREEN'S MANAGEMENT SERVICES, INC.

Principal Place of Business
1445 ROYAL FOREST COURT
WEST PALM BEACH FL 33406

Mailing Address
1445 ROYAL FOREST COURT
WEST PALM BEACH FL 33406

2. Principal Place of Business
10765 150th Ct. N.
 Suite, Apt. #, etc.

3. Mailing Address
10765 150th Ct. N.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Supier, FL
 Zip
33478

Country
Palm Beach

City & State
Supier, FL
 Zip
33478

Country
Palm Beach

4. FEI Number
65-1002123

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GREEN, LAURIE A
1445 ROYAL FOREST COURT
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

Name
Laurie A. Green
 Street Address (P.O. Box Number is Not Acceptable)
10765 150th Ct. N.
 City
SUPIER, FL Zip Code
33478

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Laurie A. Green*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
6-30-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, LAURIE A 1445 ROYAL FOREST COURT WEST PALM BEACH FL 33406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, LAURIE A 10765 150th Ct. N. SUPIER, FL 33478	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Laurie A. Green
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
6-30-02 (56)301-3716

CR2E034 (4/02)

Attachment 971803
800000 36726
DIVINE, BLALOCK, MARTIN & SELLARI, P.A.

G. MICHAEL MARTIN, CPA*
GARY B. SELLARI, CPA*/PFS,MSM
J. RONALD ANDERSON, CPA*/ABV,CVA

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

560 VILLAGE BLVD., SUITE 335

WEST PALM BEACH, FL 33409

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*REGULATED BY THE STATE OF FL
** REGULATED BY THE STATE OF FL AND
THE STATE OF NY

July 24, 2002

Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee FL 32399

RE: Green's Management Services, Inc.

Dear Sir or Madam:

We are the accountants for the above referenced entity. Enclosed please find the annual report for the reporting period ending May 1, 2002. We respectfully request that late penalties be abated or waived based on reasonable cause.

We ask for relief under authority provided by Florida Regulation Rule 12-13.007, which provides grounds for reasonable cause and compromise of penalties. Section (2) of the Regulations (attached) states "reasonable cause is indicated by the existence of facts and circumstances which support the exercise of ordinary care and prudence on the part of the taxpayer in compliance with the revenue laws of this state." Further, Section (6) specifically states "reliance upon another person to comply with filing requirements,....is a basis for reasonable cause." In this case adequate procedures for compliance existed because the taxpayer relied on her former accountant to process the application. Apparently the accountant experienced health problems during this period and matters fell behind in her office. The taxpayer only recently received the document and forwarded to this office for a prompt response. Please note the taxpayer is in compliance in all other filing requirements. Note also the change with respect to address of record to avoid any problems going forward. The taxpayer represents the exercise of care and prudence and accordingly ask for relief pursuant to the above described reasonable cause.

Attachment 971803
#P0000036726

Thank you sincerely for your time and consideration. Please feel free to call should you have questions or comments.

Respectfully,



Thomas R. Donelon, CPA, MST

cc. Lori Green

TD/lw

X:\Apps\Db\C\Chesapeake Management, Inc\Ltr requesting relief-TD-ltr.doc